

Government of Ontario
Ministry of the Solicitor General

Verdict of Coroner's Jury

**Inquest into the freezing deaths of
Irwin Anderson,
Mirsalah-Aldin Kompani, and
Eugene Upper**

30 July 1996

HOMELESSNESS IN TORONTO
Toronto Coalition Against Homelessness



Ministry of
the Solicitor
General

Office of
the Chief
Coroner

Verdict of Coroner's Jury / Verdict du jury du coroner

Ministère du
Soliciteur
général

Bureau
du coroner
en chef

We / Nous soussignés: Paul Thorpe of / de Scarborough
Ian Prittie of / de Etobicoke
Edna Hildebrandt of / de Etobicoke
Vivian Schwartz of / de North York
Gail Morris of / de Scarborough

the jury serving on the inquest into the death of: / dûment assermentés, formant le jury dans l'enquête sur le décès de

Surname / Nom de famille

Given names / Prénom

Upper

Eugene

aged / âgé(e) de 56 held at / qui a été menée à 15 Grosvenor Street, Toronto, Ontario
on the / le 26, 27 and 28, 2, 3, 4, 5, 8, 9, 10, 11, 12, 15, 16, 17, 18, 22, 23, 24, 25, 26, 29 and 30 day(s) of / (du/au) June and July 19 96
by / par Dr. Murray Naiberg Coroner for Ontario, / coroner pour l'Ontario.

having been duly sworn, have inquired into and determined the following: / avons enquêté et avons déterminé ce qui suit

1. Name of deceased / Nom du (de la) défunt(e) Eugene Upper
 2. Date and time of death / Date et heure du décès 5th. January 1996 at 10:00am.
 3. Place of death / Lieu du décès The Toronto Western Hospital, Metropolitan Toronto
 4. Cause of death / Cause du décès Acute Alcohol Intoxication, possibly complicated by Hypothermia.
 5. By what means / Circonstances entourant le décès Undetermined. Possible Suicide, Alcoholism and Homelessness.
- Found frozen in bus shelter at the intersection of Spadina Avenue and Nassau Street.

(Continue on reverse side if necessary / Continuer au verso si nécessaire)

[Signature]
Foreman / Président du jury

[Signature]
Edna V. Hildebrandt
Vivian Schwartz
Gail Morris
Signatures of Jurors / Signature des jurés

This verdict was received by me this 30 day of July 19 96
Ce verdict a été reçu par moi le 30 jour de juillet 19 96

[Signature]
Signature of Coroner / Signature du coroner



Ontario

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Gail Morris of / de Scarborough

the jury serving on the inquest into the death of: / dûment assermentés, formant le jury dans l'enquête sur le décès de:

Surname / Nom de famille

Given names / Prénom

Kompani

Mirsalah-Aldin

aged / âgé(e) de 41 held at / qui a été menée à 15 Grosvenor Street, Toronto, Ontario
on the / le 26, 27 and 28, 2, 3, 4, 5, 8, 9, 10, 11, 12, 15, 16, day(s) of / (du/au) June and July
17, 18, 22, 23, 24, 25, 26, 29 and 30 19. 96
by / par Dr. Murray Naiberg Coroner for Ontario, / coroner pour l'Ontario.

having been duly sworn, have inquired into and determined the following: / avons enquêté et avons déterminé ce qui suit:

- 1 Name of deceased / Nom du (de la) défunt(e) Mirsalah-Aldin Kompani
- 2 Date and time of death / Date et heure du décès 1st. February 1996 at 8-40am.
- 3 Place of death / Lieu du décès Lakeshore Boulevard West at Yonge Street, Metropolitan Toronto
- 4 Cause of death / Cause du décès Hypothermia
- 5 By what means / Circonstances entourant le décès Accidental, due to Exposure, Mental illness, Homelessness and Malnutrition. Found frozen to death in make-shift shelter near on ramp at Lakeshore Boulevard West at Yonge Street.

(Continue on reverse side if necessary / Continuer au verso si nécessaire)

[Signature]
Foreman / Président du jury

[Signature]
Edna V. Hildebrandt
Vivian Schwartz
Gail Morris
Signatures of Jurors / Signature des jurés

This verdict was received by me this / Ce verdict a été reçu par moi le 30 day of / July 1996

[Signature]
Signature of Coroner / Signature du coroner

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Copy - Crown Attorney / Copie - Procureur de la Couronne



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Verdict of Coroner's Jury / Verdict du jury du coronar

We
Nous soussignés, Paul Thorpe of Scarborough
Ian Prittie of Etobicoke
Edna Hildebrandt of Etobicoke
Vivian Schwartz of North York
Gail Morris of Scarborough

the jury serving on the inquest into the death of: / dûment assermentés, formant le jury dans l'enquête sur le décès de:

Surname / Nom de famille

Anderson

Given names / Prénom

Irwin Hardy

aged 63 held at 15 Grosvenor Street, Toronto, Ontario
aged 26, 27 and 28 2, 3, 4, 5, 8, 9, 10, 11, 12, 15, 16
on the 17, 18, 22, 23, 24, 25, 26, 29 and 30 day(s) of June and July 19 96
by Dr. Murray Naiberg Coroner for Ontario.
par Dr. Murray Naiberg coronar pour l'Ontario.

having been duly sworn, have inquired into and determined the following: / avons enquêté et avons déterminé ce qui suit:

1. Name of deceased
Nom du (de la) défunt(e) Irwin Hardy Anderson
2. Date and time of death
Date et heure du décès 2nd. February 1996 at 1-50pm.
3. Place of death
Lieu du décès The Wellesley Hospital, Metropolitan Toronto
4. Cause of death
Cause du décès Hypothermia associated with Acute Ethinol Intoxication, Cirrhosis and CardioMegaly.
5. By what means
Circonstances entourant le décès Accidental due to Exposure, Alcoholism, Homelessness. Found on landing at 591 Gerrard Street East.

(Continue on reverse side if necessary / Continuer au verso si nécessaire)

[Signature]
Foreman/Président du jury

[Signature]
Edna V. Hildebrandt
Vivian Schwartz
Gail Morris
Signatures of Jurors / Signature des jurés

This verdict was received by me this 30 day of July 19 96
Ce verdict a été reçu par moi le 30 July 19 96

[Signature]
Signature of Coroner / Signature du coronar

INQUEST INTO THE DEATHS OF UPPER ET AL.

OPENING REMARKS

We the jury wish to express our condolences to the families of Eugene Upper, Irwin Anderson, and Mirsalah-Aldin Kompani. Cognizant of the plight of the three gentlemen who are the focus of this inquest and the many factors which may have contributed to their deaths such as addictions, mental illness, homelessness and cold harsh environment, we the jury have endeavoured to consider the aspects of the evidence presented to us.

We learned from the evidence that there is the growing problem of meeting the needs of a portion of our population who may have similar situations and circumstances as the three gentlemen aforementioned.

We have been admonished to weigh the evidence impartially, laying no blame on anyone.

We then hope to present to all concerned our group effort achieved to the best of our ability to arrive at our verdict and recommendations.

Our goal is to bring about a workable solution to prevent further similar deaths if the present situation is allowed to continue.

We urge all levels of government and society at large to make a concerted and serious effort to alleviate the burden of this group of people to allow them to live in dignity.

We present these recommendations to achieve this goal.

These recommendations are not presented in any particular order of priority.


20/7/96 

1. HOSTELS

a) There should be a regular evaluation of staff workers at hostels, ideally on at least a yearly basis.

Rationale: Frequent evaluation of staff is essential to identify areas of difficulty in staff interaction with clients.

b) An ombudsperson / advocate's office, independent of the hostel system, should be initiated to assist hostel users to resolve problems, including barrings and security of tenure. The ombudsperson should issue an annual public report. This system should be tried on a small and trial basis, and be reviewed as to the effectiveness and necessity of this program.

Rationale: An impartial mediator is essential to effective conflict resolution.

c) All incident reports at hostels should have a space for client input into the incident, along with the input of staff persons involved. The client should be informed of his/her right to comment. In addition, nearby witnesses to the incident should be informed of their right to comment on all incidents, and be given space to comment. The ombudsperson should have access to these completed forms.

Rationale: The incident reports would represent a more complete picture of what took place.

d). We believe on the evidence that the upper limit on staff to client ratios should be no more than 15 to 1, although this would need to be evaluated by those well qualified to do so.

Rationale: Staff to client ratios should be appropriate to ensure safety and proper service of client needs.

e) Clients should be encouraged to shower on entry to hostels, as well as behave hygienically.

Rationale: We believe that this would encourage better self esteem and behaviour from clients and likely help reduce problems such as violence. This may reduce the problem of odour as a barrier to using hostels.

f) Staff hiring along ethnic/racial lines should reflect the usual proportion of clients at a particular hostel. Please see section 19.

Rationale: There would be better service and understanding of client needs.

g) Funding for new hostels should be provided. New hostels should be planned to house a small number of clients, ideally no more than 40.

Rationale: A smaller hostel would help reduce stress and behavioural problems of clients. This would allow better service of client needs.

h) There should be additional funding provided for a new hostel for native people, following the size guidelines listed in part (g).

Rationale: Natives are overrepresented in the homeless population.

i) The Hostel Services Division should expand opportunities for a voluntary work exchange program between hostels.

Rationale: There would be a better exchange of ideas and practices among hostel staff.

j) Provincial and Federal funding should be provided for sufficient, qualified, front-line staff in hostels and day shelters/drop-ins to adequately monitor and quickly respond to health and safety problems.

Rationale: Enough qualified staff are essential to servicing client needs.

k) Creation of additional domiciliary hostels such as Street City be encouraged.

Rationale: The existing Streetcity program has proven very successful.

l) Metro Hostels Division should revise its standards for hostels to include guidelines for staff training on health, mental health, safety, nonviolent conflict resolution, cultural sensitivity, anti-discrimination, addictions, and harm reduction strategies.

Rationale: Proper training for staff is essential to servicing client needs.

m) The Municipality of Metropolitan Toronto should adopt a pilot project harm reduction hostel and day drop-in centre to provide shelter over 24 hours. We suggest that the beds have privacy barriers. We suggest a supervised lounge area where drinking would be permitted as opposed to drinking throughout the whole hostel. All client's alcohol would be stored in a central location. Staff should work with hostel users to access appropriate harm reduction treatment programs. The success and need of the pilot project should be reviewed after 3 months.

Rationale: This program will reduce the added risk of exposure to clients with round the clock alcohol addiction.

n) We support continuation of the program done at Moss Park armouries last year. This program should be extended longer than 2 weeks based on need. In addition, expansion of this program should be considered based on the availability of other facilities (ex. Fort York armouries).

Rationale: This program was an effective contingency plan.

o) Seaton House:

We believe that Seaton House needs renovations and changes. The addition of other hostels and services (ex. housing) should reduce the demand for Seaton House, allowing a reduction in beds at Seaton House.

Seaton House:

- should be divided into manageable units to provide a more humane atmosphere and assist hostel users to deal with mental health issues, addictions, and other special needs;
- should redesign the Men's Residence to provide private / semi-private rooms with a bed, dresser, closet, and lockable door, with a maximum of 2 per room;
- should introduce the three-sided beds that they have in storage, and possibly purchase more of these beds if necessary.
- should have a goal of eliminating bunkbeds.
- men living in the Men's Residence are not required to pay more than one third of their income as room and board



20/7/96

- introduce an alcohol storage program for the clients. The project should be examined by Metro after one year to determine feasibility of continuing or possibly expanding to other hostels depending on success. Client use as well as client satisfaction should be considered in the feasibility study. Staff at the included hostels should be involved in the study as well.

Rationale: Seaton house still plays an important role in providing temporary shelter to clients in Toronto. Our recommendations would make living conditions more acceptable for clients there.

2. HOP (Hostel Outreach Program)

Immediate funding should be provided for the expansion of the HOP program. The program should be expanded to other localities in Ontario. The HOP program staffing should be doubled to 16 case managers. If the demand dictates that client service be equal between men and women, then there should be 8 workers for each sex, and should this ratio be reviewed. Review the need for additional workers beyond the 16 every 6 months. More workers should be added as demand dictates. One assistant should be hired for every two case managers.

Rationale: Long term case management has proven to be very effective in helping clients with serious mental illnesses. There is a shortage of this service in Metro currently.
Please see 'MTDHC Metro Toronto Mental Health System Design Plan' June 1996.

3. DETOXIFICATION CENTRES AND RELATED ISSUES

a) Effort should be made to discourage detoxification centres from being used as a hostel.

Rationale: This would free up beds for the appropriate use.

b) Funding should be immediately provided to create more detoxification centres, rather than expanding existing facilities.

Rationale: There is a larger demand for detoxification spaces than the existing facilities can serve.

c) Detoxification services outside Metro. Please see section 4.

d) Funding should be provided for a culturally sensitive detoxification centre for aboriginal people, developed in consultation with First Nations groups.

Rationale: There is a need for a culturally sensitive detoxification unit.

e) There should be an additional 40-50 transitional beds (for persons who have been detoxified and are awaiting places in treatment centres) at least 10 of which are for women.

Rationale: There is a shortage of transitional beds in Toronto, and detoxification beds are being used as transitional beds.

f) Detoxification units should increase the staff to client ratio to 3 staff:20 clients.

Rationale: Staff to client ratios should be appropriate to ensure safety and proper service of client needs. This will allow the facilities to operate at capacity.

g) Central number for detoxification. Please see section 16.

h) Detoxification units should be sensitive to cultural issues. Please see section 19.

4. SERVICES OUTSIDE METRO

The province consider ensuring that municipalities outside Metro Toronto have adequate services in place to meet the needs of the populations that they serve. This should include adequate hostel and detoxification services, as well as the other programs mentioned above such as the HOP program and COPA.

Rationale: Metro can only provide the proper services if the constant pressure from outside jurisdictions is alleviated.

5. SPEED OF APPLICATION PROCESS CONCERNING NEW CENTRES

We have evidence of a long application time for new detoxification facilities and hostels. Governments must do everything possible to speed up this process, and society must show more compassion to those in need by showing less opposition to these new facilities.

Rationale: A faster application process for new centres is essential to assisting the homeless problem.

6. HOSPITALS / HEALTHCARE

a) There should be adequate funding for community-based health programs such as Street Health to provide support and outreach to homeless people.

Rationale: There is demonstrated need for an expansion of this program.

b) Funding should be provided for adequate numbers of discharge planners to meet the residential and support needs of both emergency and inpatient departments. Discharge planning in hospitals should make use of HOP, Street Hotline, community healthcare providers and other support services to assist with discharge. There should be a return call letting the discharge planner know what services have been provided. Communication between discharge planners / hospital staff and community health care providers must improve.

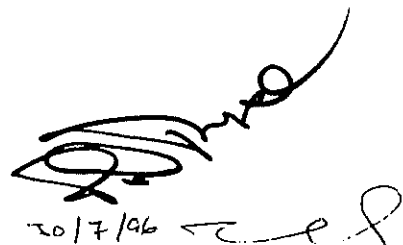
Rationale: Discharge planning is the critical link to ensuring continuation of services to the client.

c) when a patient is discharged to another facility and requires medical care or follow-up, hospital staff should seek patient consent to provide referral information.

Rationale: Transfer of patient information is critical to continuation of care.

d) Care for dual diagnosis clients is critical. Investigation should be done to determine the proper treatment facility and support for dual diagnosis clients.

Rationale: This is the client group that is at the most risk of falling between the cracks of the existing system.



20/7/96

7. BARRIERS TO HEALTH SERVICES

a) The Ministry of Health should ensure improved access to the Ontario Health Card for homeless and vulnerable individuals. Social workers at hospitals should assist clients with health care card access.

b) Hospitals should not discriminate against clients based on appearance, hygiene, cleanliness, culture, socio-economic status, and social assistance status.

Rationale: Equal access should be provided to all.

8. MOBILE HEALTH UNIT

A pilot project be developed with a team of specially trained crisis workers be available on call to attend to crises around the issues that are the focus of the crisis line (namely addictions and mental illness). That this team be a mobile team available to attend to crisis situations in the community. Participation by patients / clients must be voluntary.

Rationale: Please see 'MTHC Metro Toronto Mental Health System Design Plan' June 1996.

9. ALCOHOL AND ADDICTION OUTREACH

The COPA program should be expanded both in terms of staff and geographic area.

Funding should be provided for programs similar to COPA and HOP that provide services to chronic alcoholics of all ages. Consideration should be given to whether or not this can be accomplished by expanding existing programs such as COPA and HOP.

Rationale: There is a demonstrated need for an expansion of this program.

10. CRISIS LINE

A crisis line should be implemented to receive calls or answer the need for crisis intervention around alcohol abuse and mental illness. The crisis line should be available to all members of the public whether it is the patient/client or a friend/family member. The persons implementing the crisis line should consider the feasibility of also offering services to hospitals where someone leaves against doctors orders or where a discharge plan is not possible.

Rationale: Immediate crisis management is essential to eliminating gaps in the services. Please see 'MTHC Metro Toronto Mental Health System Design Plan' June 1996.

11. PARC PROGRAM

a) Funding should be provided for additional drop-ins similar to PARC for psychiatric consumer survivors.

b) Please see section 12.

Rationale: There is a demonstrated need for this program and it has proven effective in the past.

12. SURVIVOR COMPONENT IN HIRING

Consideration should be given to the hiring of psychiatric survivors, those overcoming substance abuse problems, and the formerly homeless. This could apply to the HOP program, COPA, hostels, drop-in centres, and the PARC program.

Rationale: Survivors have a greater sensitivity to the needs of the people they serve.

13. COMMUNITY ORGANIZATIONS

Community organizations should make mandatory staff training on health, mental health, safety, nonviolent conflict resolution, cultural sensitivity, anti-discrimination, addictions, and harm reduction strategies. Volunteers should be strongly encouraged to receive the above training. Funding should be made available for this training.

Rationale: All community organization workers are better able to identify and respond to client needs.

14. VOLUNTEER / PRACTICUM COMPONENT

A volunteer component should be developed through the use of students in relevant areas of study (psychology, social work, nursing, education etc.) with the assistance of the major educational institutions in Toronto. This should apply to all facilities and community organizations. We recommend that the Metro Hostel services approach the local universities and colleges medical schools to propose a practicum program or a volunteer component in which interns, students (psychology, social work, nursing, education etc.) or residents provide services and receive supervised training in the hostels.

This should be in addition to the recommended staff increases, and not substitutes for them.

Rationale: Volunteers and practicum students will have better insight and understanding into the needs of the homeless.

15. STREET PATROLS

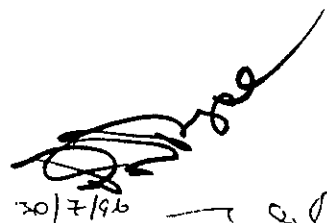
Existing patrols such as Anishnawbe should be given additional funding for improvement and expansion (ex. additional vehicles and staff, additional routes, year round operation of full services). Funding should be provided for other street patrol services like Anishnawbe. Efforts to build partnerships between the patrols should be started immediately. In summer, service should be expanded to 7 days per week, 24 hours per day.

Rationale: This program should be extended due to the effective servicing of client needs.

16. STREET HOTLINE EXPANSION / CENTRAL NUMBER SERVICES

Street Hotline should be expanded with additional phone lines, staffing, and necessary equipment to handle:

- a) availability of spaces in detoxification units;
- b) availability of spaces in hostels;
- c) referral to other appropriate community services;



20/7/96

d) referral to 24 hour crisis support system;

e) provide an easy to remember local number and 1-800 number. There should be a strong effort to publicize this number.

f) This service should be reviewed after one year to improve or expand as deemed necessary.

g) Permanent funding should be provided to ensure sufficient staff, vehicles and other resources for expanded hours and year-round co-operation of Street Hotline (of the Community Information Centre) and Street Patrol (of the Anishnawbe Health Centre). Additional staff, vehicles and other resources should be made available from October 1st through April 30th each year. Consideration should be given to including the other Street Patrol services in the partnership. Efforts to build this partnership should begin immediately.

h) Mobile unit. Please see section 8.

Rationale: Street Hotline is critical to providing information and directing people to the appropriate services.

17. HOUSING

Recommend an advisory committee be struck including representatives from all levels of government, private and non-profit landlords and housing developers, community organizations, tenants and homeless people. The goal should be to identify successful models of affordable and supportive housing and community supports and develop a plan of action to ensure that the homeless, in particular those with substance abuse and/or mental illness have access to appropriate housing and support services. Funding should be provided by the appropriate governmental ministries to carry out this plan.

Rationale: Both an advisory committee and proper funding are necessary to properly house people. Please refer to "City of Toronto Housing Department re. Report from the Homeless Emergency Action Task Force (H.E.A.T.) June 17, 1996, and "Working Together: An Exploration of Strategies to Prevent Evictions" by The Advisory Committee on Homeless and Socially Isolated Persons. Please see 'MTDHC Metro Toronto Mental Health System Design Plan' June 1996.

18. LANDLORD / TENANT RELATIONSHIP


On being served an eviction notice, tenants should be given a list of appropriate community organizations and legal aid.

Rationale: To try to stop evictions, and allow mediation of disputes.

19. CULTURAL SENSITIVITY

Staff hiring along ethno-racial lines should better represent the ethno-racial representation of the clients served. In addition, staff should be hired with regards to racial understanding and tolerance.

Rationale: Cultural sensitivity is essential to properly servicing client needs.


50/7/96

20. TRUSTEE FUNCTIONS

Community agencies should refer clients to the public trustee if they believe the client is unable to manage his/her finances responsibly.

Rationale: Client's Management of their personal finances is critical to their well-being.

21. IMMIGRATION CANADA AND RELATED ISSUES

Immigration Canada should arrange doctor's appointments for clients as opposed to the current situation of clients arranging them. Immigration Canada should be informed and take action should a client miss an appointment. The clients should be given pages listing appropriate governmental agencies, pertaining to specific needs of immigrants.

Rationale: Immigration Canada should take a more direct responsibility in anticipating client needs.

22. POLICE

Police should receive education and be encouraged to contact community organizations such as Street Patrol when they see individuals requiring help.

Rationale: It is more appropriate that community organizations handle client problems than the police.

23. CORONERS OFFICE

The Office of the Chief Coroner should forward these recommendations to appropriate authorities for implementation and should request that senior officials report within six months on actions that have been taken. The Chief Coroner should forward copies of these responses and notification of any failure to respond to each member of this jury and to each party with standing at this inquest.

Rationale: All parties involved would like reports on the status of the recommendations in this document.



20/7/98

